

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990-PF

Department of the Treasury Internal Revenue Service (77)

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2007

OMB No 1545-0052

For caler	dar year 2007, or tax year beginning MAR	1, 2007	, and	ending	FEB 29, 2008	3
G Check	all that apply. Initial return	Final return	Amended ref	turn	Address change	Name change
Use the	Name of foundation				A Employer identification	number
label					i e	
Otherwi	- h	UNDATION			23-7008867	1
print	· ·	elivered to street address)		Room/suite	B Telephone number	
or type	E O DICOMO DINUIT				(212) 422-	-4512
See Spe	I City or town state and 71P code				C if exemption application is p	pending, check here
mstructi	NEW YORK, NY 10005				D 1. Foreign organization	s, check here
H Check	type of organization X Section 501(c)(3) ex	empt private foundation			Foreign organizations me check here and attach or	eeting the 85% test,
		Other taxable private four	ndation		E If private foundation sta	
I Fair ma	arket value of all assets at end of year J Accounti	ng method X Cast	Acc	rual	under section 507(b)(1	
	· 1 —	her (specify)			F If the foundation is in a	
`►\$	60,595. (Part I, colu		h basis.)		under section 507(b)(1	
Part I	Analysis of Revenue and Expenses	(a) Revenue and	(b) Net	nvestment	(c) Adjusted net	(d) Disbursements
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books		ome	income	for chantable purposes (cash basis only)
1	Contributions, gifts, grants, etc., received	99,000	•		N/A	
2	Check If the foundation is not required to attach Sch. B	-				
3	Interest on savings and temporary cash investments	6	•	6	•	STATEMENT 1
4	Dividends and interest from securities		<u> </u>			
5a	Gross rents				ļ	
b	Net rental income or (loss)					
<u>o</u> 6a	Net gain or (loss) from sale of assets not on line 10		<u> </u>			
19 p	Gross sales price for all assets on line 6a					
Revenue	Capital gain net income (from Part IV, line 2)		- 	0	•	
7-8	Net short-term capital gain	***************************************				
9	Income modifications	***************************************				
l da i	and allowances		_			
関	Adaptic ord of goods and Colors profit or (loss)					
15,3						
11_	Other Income	00 006	 	6		
12	(Total Add lines 1/through-11	99,006		0		0.
13	Compensation of officers, directors, trustees, etc	<u>_</u>	+		•	
14	Other employee salaries and wages		 			
9 15 8 15-	Pension plans, employee benefits					
ël	Legal fees Accounting fees STMT 2	1,100		550	 	550.
	7.000dilling 1000	1,100	•		•	330.
	Other professional fees Interest				-	
18 18 × 18	Taxes		+			
19 19	Depreciation and depletion		+		-	
E 20	Occupancy	21,700	1 1	0,850		10,850.
P 21	Travel, conferences, and meetings	21,,00	` 	,		==,,==
E 22	Printing and publications					
© 23	Other expenses STMT 3	50		25		25.
Operating and Administrative 12 55 53 54 55 55 55 55 55 55 55 55 55 55 55 55	Total operating and administrative		+			
90	expenses. Add lines 13 through 23	22,850	. 1	1,425		11,425.
Ö 25	Contributions, gifts, grants paid	83,600				83,600.
26					<u> </u>	1
-"	Add lines 24 and 25	106,450	. 1	1,425	.	95,025.
27	Subtract line 26 from line 12					
1	Excess of revenue over expenses and disbursements	<7,444	.>		1	<u> </u>
	Net Investment Income (if negative, enter -0-)			0		
	Adjusted net income (if negative, enter -0-)				N/A	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2007)

SCANNED AUG-2 & 2010

Part 11 Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End of	year
Part II Balance Sheets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	64,873.	57,423.	
2 Savings and temporary cash investments	3,166.	3,172.	3,172.
3 Accounts receivable ►	_		
Less allowance for doubtful accounts			
4 Pledges receivable ►]		
Less allowance for doubtful accounts ▶			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less allowance for doubtful accounts			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock			
c Investments - corporate bonds			
11 Investments - land, buildings, and equipment basis			
Less: accumulated depreciation	1		
12 Investments - mortgage loans			
13 Investments - other		-	
14 Land, buildings, and equipment basis ▶			······································
Less: accumulated depreciation	1		
15 Other assets (describe ►)			
			-
16 Total assets (to be completed by all filers)	68,039.	60,595.	60,595.
17 Accounts payable and accrued expenses		•	
18 Grants payable			
40 P.5		_	
Deterred revenue 20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
21 Mortgages and other notes payable			
22 Other liabilities (describe >			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			
8 04 11 11 11			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
Temporarily restricted Permanently restricted Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg, and equipment fund Retained earnings, accumulated income, endowment, or other funds Total net assets or fund balances	272,000.	272,000.	
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	<203,961.>	<211,405.	>
30 Total net assets or fund balances	68,039.	60,595.	•
2		,	
31 Total liabilities and net assets/fund balances	68,039.	60,595.	
	<u> </u>		
Part III Analysis of Changes in Net Assets or Fund E	balances		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line	30		
(must agree with end-of-year figure reported on prior year's return)		1	68,039.
2 Enter amount from Part I, line 27a	•	. 2	68,039. <7,444.
3 Other increases not included in line 2 (itemize)		. 3	0.
4 Add lines 1, 2, and 3	· · · · · · · · · · · · · · · · · · ·	4	60,595.
5 Decreases not included in line 2 (itemize)		5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	column (b), line 30	6	60,595.
Tattill Commence of the commen	1-11 4-11		Form 990-PF (2007)

(a) List and descri	ind Losses for Tax on Ir be the kind(s) of property sold (e g ehouse, or common stock, 200 sha	, real estate,		(b) How acquired P - Purchase D - Donation	(c) Date a	cquired y, yr)	(d) Date sold (mo , day, yr)
1a			· 				<u></u>
b NON	IE			-	_		
<u>C</u>			_		_		
<u>d</u>				-	_		
<u>_e</u>	(A) Donorous allowed	(-) 0	AAb b	<u> </u>	(1-) (2-)		
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale			ın or (loss) (f) mınus (
a					<u> </u>		
c c			-		-	<u>-</u> -	
d				-	_		
е					-		
· · · · · · · · · · · · · · · · · · ·	g gain in column (h) and owned by	the foundation	on 12/31/69		(I) Gains (Co	ol (b) gain	minus
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col (I)	col (k), but not less than -0-) or Losses (from col (h))			n -0-) or
a							
b							
С							·
d							
е		<u> </u>					
If gain, also enter in Part I, line 8, of (loss), enter -0- in Part I, line 8 Part V Qualification U For optional use by domestic private	nder Section 4940(e) for				come		
If section 4940(d)(2) applies, leave th Was the foundation liable for the secti If "Yes," the foundation does not quair 1 Enter the appropriate amount in e	on 4942 tax on the distributable am	mplete this pa	rt				Yes X No
(a) Base period years Calendar year (or tax year beginnin	(b) Adjusted qualifying dis	tributions	Net value of no	(c) ncharitable-use asset	s (c		(d) ution ratio ided by co! (c))
2006		9,962.		65,12		. , ,	1.381395
2005		7,862.		109,83			.526804
2004		4,618.		192,07			.492599
2003		2,133.		214,45			.429607
2002	14	6,085.		172,10	4.		.848818
2 Total of line 1, column (d)					2		3.679223
3 Average distribution ratio for the 5 the foundation has been in existen		on line 2 by 5,	or by the number	of years	3		.735845
4 Enter the net value of noncharitable	e-use assets for 2007 from Part X,	line 5			4		85,675.
5 Multiply line 4 by line 3					5		63,044.
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)				6		0.
7 Add lines 5 and 6					7_		63,044.
8 Enter qualifying distributions from	Part XII, line 4				8_		95,025.
If line 8 is equal to or greater than See the Part VI instructions	line 7, check the box in Part VI, line	1b, and comp	lete that part usin	g a 1% tax rate			

	,		^ ^		~~~		_
	990-PF (2007) MARK J. STUART JR. FOUNDATION			7008			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e),	Or 4	940 -	See I	nstrt	Cuo	115/
18	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1 Date of ruling letter (attach copy of ruling letter if necessary-see instructions)						
h			1	:			0.
U	b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ► X and enter 1%						<u> </u>
	of Part I, line 27b All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line 12, col (b)						
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)		2				0.
	Add lines 1 and 2		3				0.
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		4				0.
	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				0.
	Credits/Payments						
	2007 estimated tax payments and 2006 overpayment credited to 2007						
	Exempt foreign organizations - tax withheld at source 6b						
	Tax paid with application for extension of time to file (Form 8868) 6c						
	Backup withholding erroneously withheld 6d						
	Total credits and payments Add lines 6a through 6d		7				0.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	ightharpoons	9				0.
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	ightharpoons	10				
11	Enter the amount of line 10 to be Credited to 2008 estimated tax ▶ Refunded		11				
Pa	rt VII-A Statements Regarding Activities						
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or inte	rvene	ın			Yes	No
	any political campaign?				1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition	n)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials p	ublisi	hed or				
	distributed by the foundation in connection with the activities.						
C	Did the foundation file Form 1120-POL for this year?				10		X
đ		•					
	(1) On the foundation ► \$ (2) On foundation managers ► \$	0.					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	n					
	managers ▶\$0.						v
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		X
	If "Yes," attach a detailed description of the activities.						
3	3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or						v
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes				3		X
	a Did the foundation have unrelated business gross income of \$1,000 or more during the year? b If "Yes," has it filed a tax return on Form 990-T for this year? N/A				48		
	- ··· · · · · · · · · · · · · · · · · ·				4b 5		X
J	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.				<u> </u>		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either						
Ü	By language in the governing instrument, or						
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the 	state	ław				
	remain in the governing instrument?				6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year?				7	Х	
	If "Yes," complete Part II, col (c), and Part XV						
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)						
	NY						
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)						
	of each state as required by General Instruction G? If "No," attach explanation				8b	Х	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for	r cale	ndar				
	year 2007 or the taxable year beginning in 2007 (see instructions for Part XIV)? If "Yes," complete Part XIV				9_		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	Ş	TMT	4	10	X	

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Form 4720, to determine if the foundation had excess business holdings in 2007.)

had not been removed from jeopardy before the first day of the tax year beginning in 2007?

b If "Yes," did it have excess business holdings in 2007 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form **990-PF** (2007)

Х

X

3b

4a

Yes X No

N/A

during the year?

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		(-) Company
(a) Name and address of each person paid more than \$50,000 (b) Type of service		(c) Compensation
NONE		
		<u> </u>
7 • • • • • • • • • • • • • • • • • • •	•	0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		
transfer and the second		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.		Expenses
27/2		
1 N/A		
^		
2	-	
3	_	
	_	
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A		Amount
I N/A	_	
	_	
2		
	-	
All other program-related investments. See instructions		
3		
Total. Add lines 1 through 3	>	0.
· · · · · · · · · · · · · · · · · · ·		990-PF (2007)

Page 8

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	ee instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		<u> </u>
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	86,980.
C	Fair market value of all other assets	10	
đ	Total (add lines 1a, b, and c)	1d	86,980.
e	Reduction claimed for blockage or other factors reported on lines 1a and		·
	1c (attach detailed explanation) 1e 0 •		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	86,980.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,305.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	85,675.
6	Minimum investment return Enter 5% of line 5	6	4,284.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part)	nd certain	
1	Minimum investment return from Part X, line 6	1	4,284.
2a	Tax on investment income for 2007 from Part VI, line 5		
b	Income tax for 2007 (This does not include the tax from Part VI) 2b		
	Add lines 2a and 2b	20	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	4,284.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,284.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	4,284.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
a	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	95,025. 0.
þ	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	··-··
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	95,025.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	95,025.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	qualifies for the section

Form **990-PF** (2007)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2006	(c) 2006	(d) 2007
1 Distributable amount for 2007 from Part XI,				
line 7				4,284.
2 Undistributed income, if any, as of the end of 2006				
a Enter amount for 2006 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2007				
a From 2002 137, 480				
b From 2003 81,410				
c From 2004 85,014				
d From 2005 52,370				
e From 2006 86,706				
f Total of lines 3a through e	442,980.			
4 Qualifying distributions for 2007 from				
Part XII, line 4 ► \$ 95,025	<u>•</u>		_	
a Applied to 2006, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2007 distributable amount				4,284.
e Remaining amount distributed out of corpus	90,741.			
5 Excess distributions carryover applied to 2007 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	533,721.			
b Prior years' undistributed income Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b Taxable				***************************************
amount - see instructions		0.		
e Undistributed income for 2006 Subtract line				***************************************
4a from line 2a Taxable amount - see instr			0.	
f Undistributed income for 2007 Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2008				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2002				
not applied on line 5 or line 7	137,480.			
9 Excess distributions carryover to 2008.				
Subtract lines 7 and 8 from line 6a	396,241.			
O Analysis of line 9	}			
a Excess from 2003 81,410				
b Excess from 2004 85,014				
c Excess from 2005 52,370				
d Excess from 2006 86,706				
e Excess from 2007 90,741	•			Form 000 DE (2007)

Part XIV Private Operating F	oundations (see ins			N/A	O O O O O Page II
1 a If the foundation has received a ruling of			1,, 4000		
foundation, and the ruling is effective for			.		
b Check box to indicate whether the found	·	*	n section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	g roundation doconsod t	Prior 3 years	10 12()/(0) 01 10	.2())(0)
income from Part I or the minimum	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
investment return from Part X for	\	```	, ,	<u> </u>	
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					<u> </u>
line 4 for each year listed					
d Amounts included in line 2c not		~			
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities	ļ				
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test - enter (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Complet	te this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t	he year-see the i	nstructions.)			
1 Information Regarding Foundation a List any managers of the foundation wh year (but only if they have contributed in	o have contributed more t		ributions received by the	foundation before the clos	e of any tax
MARK J. STUART JR.	·				
b List any managers of the foundation wh other entity) of which the foundation has			or an equally large portion	on of the ownership of a pa	irtnership or
NONE					
2 Information Regarding Contributi Check here ► X If the foundation o the foundation makes gifts, grants, etc.	nly makes contributions to	preselected charitable	organizations and does n		
a The name, address, and telephone num	<u> </u>				
b The form in which applications should b	e submitted and informati	on and materials they sh	ould include		
c Any submission deadlines			_		
d Any restrictions or limitations on awards	s, such as by geographical	areas, charitable fields,	kınds of institutions, or c	other factors	
723601/02-20-08					Form 990-PF (2007)
·					. J

Page 11

3 Grants and Contributions Paid During the	e Year or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	status of recipient	Contribution	
a Paid during the year			•	
SEE ATTACHED				83,600.
				•
Total			▶ 3a	83,600.
b Approved for future payment				-
NONE				
Total		<u></u>	▶ 3b	0 . rm 990-PF (2007)

'-t	Unrelated t	ousiness income	Exclude	d by section 512, 513, or 514	(e)
inter gross amounts unless otherwise indicated	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
Program service revenue	code		Lade		
<u> </u>	_		-		
b		,	 -		
			 		
d		-			
e	_		 		-
Fore and contracts from government agencies	— 				-
g Fees and contracts from government agencies! Membership dues and assessments			 -		
Interest on savings and temporary cash					
investments			14	6.	
Dividends and interest from securities			1 3		<u></u>
					
Net rental income or (loss) from real estate			 -		
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
7 Other investment income				· · · · · · · · · · · · · · · · · · ·	
3 Gain or (loss) from sales of assets other					
than inventory	-		-		
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue					
a	l I				
b					
			l		
C	1 1		i i		
d	1 1				
c e	1 1	0		6	
c d e Subtotal Add columns (b), (d), and (e)	1 1	0.		6.	(
c d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		0.		6.	
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI+B Relationship of Activities	es to the Accom	nplishment of Ex	kempt	13 Purposes	6
e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	6
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	(
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculation Part XVI+B Relationship of Activition Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	(
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculation Part XVI+B Relationship of Activition Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculation Part XVI+B Relationship of Activition Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	(
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Get worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activition Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	(
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculation Part XVI+B Relationship of Activition Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	6
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculation Part XVI+B Relationship of Activition Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	6
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculation Part XVI+B Relationship of Activition Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	(
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	(
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculation Part XVI+B Relationship of Activition Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	6
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	6
d e Subtotal Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) Gee worksheet in line 13 instructions to verify calculation Part XVI+B Relationship of Activition Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	6
c d e 2 Subtotal Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activitie Line No. Explain below how each activity for which	es to the Accom	nplishment of Exclumn (e) of Part XVI-A	kempt	13 Purposes	

P	art XV	/II Information Re Exempt Organ	egarding Transfers [*] nizations	To and Transact	ons an	nd Relationship	s With Nonchar	itable	3	
1	Did th		rectly engage in any of the fol	lowing with any other or	ganızatıon	described in section !	501(c) of		Yes	No
		-	(3) organizations) or in section	-			. ,			
a			ation to a noncharitable exem		-					
	(1) Cash						1a(1)		Х	
	(2) Other assets						1a(2)		X	
b	Other	transactions								
	(1) 8	ales of assets to a noncharita	ble exempt organization					16(1)		Х
	٠,		ncharitable exempt organizati	on				1b(2)		X
		lental of facilities, equipment,	· · ·					1b(3)		X
	` '	leimbursement arrangements						1b(4)		X
	• •	oans or loan guarantees						1b(5)		X
			embership or fundraising solic	citations				1b(6)		X
C			ailing lists, other assets, or pai					10		X
			"Yes," complete the following		nould alwa	avs show the fair mark	et value of the goods, of		ets.	
_		*	foundation If the foundation re			-	_		,	
			other assets, or services rece			•	3 3 4 4			
(a)	Line no	(b) Amount involved	· · · · · · · · · · · · · · · · · · ·	ritable exempt organizati	on	(d) Description of to	ansfers, transactions, and sl	hanng ar	rangeme	ents
• •			N/							
							-			
			1							
			1							
		·								
				· · ·			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
										
							· · · · · · · · · · · · · · · · · · ·			
0.	le the	foundation directly or indirec	tly affiliated with, or related to	one or more tay-evemi	t organiza	tions described				
28		-	er than section 501(c)(3)) or in		it Olyaniza	itions described		Yes	ΓX	No
		s," complete the following sch		1 3600011 327			<u></u>	_ 163		140
, la) 11 16	(a) Name of org		(b) Type of organ	ızatıon	(c)	Description of relationshi			
		N/A	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	(w, t)pe et etgan	-	(6)		-		
								~		
			711.			<u> </u>				_
			/ His 15	A Seco	W)	line +	hie WAS.	Sex	<i>//</i> .	
	Under r	enalties of penury, I declare that I i	have examined this return, including			nts, and to the best of my	knowledge and belief, it is tr	ue, corre	ct,	
			er than taxpayer or fiduciary) is bas							
		11.6- 4. W	wants la	10/10	10	Taus	100			
ا ي	Si	gnature of officer or trustee	my -juc	Date	,	Title	, , ,		-	
윈	,	Despesado N	1/2	Date	Da		If Preparer	s SSN o	r PTIN	
Sign Here	ა>	Preparer's signature	Tare Cour	~	"	self-	. • 🗂 <u>-</u>	180		
ดี∣	aid arer's Only	METO	SER LLP			emplo	10 1450		, 10	
	Paid Preparer's Use Only	A 2000		ır			$N \rightarrow 13-1459$	200		
	₹⊃	address, and ZIP code LAKE					none no 516.4	QΩ	120	n
!	i	TAVE	, DOCCHOO, MI	11072		Pi	none no 516.4	<u> </u>	<u> </u>	

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

2007

Name of organization Employer identification number

MARK J. STUART JR. FOUNDATION 23-7008867

Organization type (check one):

Filers of:	Section:					
Form 990 or 990-EZ	501(c)() (enter number) organization					
	4947(a)(1) nonexempt charitable trust not treated as a private foundation					
	527 political organization					
Form 990-PF	X 501(c)(3) exempt private foundation					
	4947(a)(1) nonexempt charitable trust treated as a private foundation					
	501(c)(3) taxable private foundation					
• •	s covered by the General Rule or a Special Rule . (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes and a Special Rule-see instructions)					
General Rule-						
X For organizations f contributor. (Comp	iling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.)					
Special Rules-						
sections 509(a)(1)/	c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% ne 1 of these forms. (Complete Parts I and II.)					
aggregate contribu	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. (Complete Parts I, II, and III.)					
some contributions \$1,000. (If this box chantable, etc., pu	c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, is for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than is checked, enter here the total contributions that were received during the year for an exclusively religious, rpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received glous, charitable, etc., contributions of \$5,000 or more during the year.)					
Caution: Organizations the	t are not covered by the General Rule and/or the Special Rules do not file Schedule R (Form 990, 990-F7, or 990-PF), but					

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization

MARK J. STUART JR. FOUNDATION

23-7008867

Part I	Contributors (See Specific Instructions.)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
1	MARK J. STUART JR 7 DUDLEY LANE LARCHMONT, NY 10538	\$\$99,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a)	(b)	(c)	(d)		
No.	Name, address, and ZIP + 4	Aggregate contributions \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
140.	Name, address, and ZIP + 4	\$	Person Payroll Complete Part II if there is a noncash contribution.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Occash Complete Part II if there is a noncash contribution)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution		
		\$	Person Payroll Oncash Complete Part II if there is a noncash contribution.)		

FORM 990-PF INTEREST ON SAVI	NGS AND TEM	PORARY CASH II	NVESTMENTS	STATEMENT
SOURCE				TRUOMA
BANK OF AMERICA			-	6
TOTAL TO FORM 990-PF, PART I,	LINE 3, CO	LUMN A	=	6
FORM 990-PF	ACCOUNTING FEES			STATEMENT :
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING FEE	1,100.	550.		550
TO FORM 990-PF, PG 1, LN 16B	1,100.	550.		550
FORM 990-PF	OTHER E	XPENSES		STATEMENT
	(A)	(B)	(C)	(D)
DESCRIPTION	EXPENSES PER BOOKS	NET INVEST- MENT INCOME	ADJUSTED NET INCOME	CHARITABL
 _		NET INVEST-		CHARITABL
	PER BOOKS	NET INVEST- MENT INCOME		CHARITABLI PURPOSES
NY DEPARTMENT OF LAW TO FORM 990-PF, PG 1, LN 23 FORM 990-PF LIST OF	PER BOOKS 50.	NET INVEST- MENT INCOME 25. 25. L CONTRIBUTORS	NET INCOME	CHARITABLE PURPOSES 25
NY DEPARTMENT OF LAW TO FORM 990-PF, PG 1, LN 23 FORM 990-PF LIST OF	PER BOOKS 50. 50.	NET INVEST- MENT INCOME 25. 25. L CONTRIBUTORS LINE 10	NET INCOME	CHARITABLI PURPOSES 25 25

Form **8868**

(Rev. April 2009)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

• If v	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box		▶ [X]		
	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).				
	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously file	,			
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
A con	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete			
Part I		.,	ightharpoons		
	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an Income tax returns.	exten	nsion of time		
noted (not a you m	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronic utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic files. Gov/efile and click on e-file for Charities & Nonprofits.	cally if	f (1) you want the additional ated Form 990-T. instead.		
Туре	or Name of Exempt Organization	Emp	loyer identification number		
print	MARK I COURS TO TOURS OF		2 522225		
File by t	MARK J. STUART JR. FOUNDATION	2	3-7008867		
due dat filing yo return S	□ 20 BROAD STREET				
instruct					
Chec	k type of return to be filed(file a separate application for each return):				
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52 Form 990-EZ Form 990-T (trust other than above) Form 60 Form 990-PF Form 1041-A Form 88	!27 169			
Tel ● If t	WEISERMAZARS LLP e books are in the care of ► 3000 MARCUS AVENUE - LAKE SUCCESS, NY 1 lephone No. ► (516) 488-1200 FAX No. ► the organization does not have an office or place of business in the United States, check this box		▶□		
box	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi If it is for part of the group, check this box and attach a list with the names and EINs of all	s is to memb	or the whole group, check this pers the extension will cover.		
	l request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unt OCTOBER 15, 2010 , to file the exempt organization return for the organization named a is for the organization's return for: □ calendar year or		The extension		
2	If this tax year is for less than 12 months, check reason: Initial return		Change in accounting period		
3a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any				
	nonrefundable credits. See instructions.	За	\$ 0		
	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated				
	tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$ 0		
С	Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,				
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	s 0		
Cauti ——	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-	EO for payment instructions.		
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-200)		

923831 05-26-09

Form 8868 (Rev 4-2008)		Page 2			
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b	ox	► X			
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	i Form	8868.			
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).					
Part II Additional (Not Automatic) 3-Month Extension of Time. You must file original and	one c	сору			
Type or Name of Exempt Organization	Emp	oloyer identification number			
print MARK J. STUART JR. FOUNDATION	2	3-7008867			
File by the extended due date for 2 0 BROAD STREET Number, street, and room or suite no. If a P.O. box, see instructions.	For I	RS use only			
filing the return See Instructions Instructions Instructions NEW YORK, NY 10005					
Check type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 Form 8870 orm 6069			
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ısly file	ed Form 8868.			
The books are in the care of ▶ WEISER LLP					
Telephone No. ► (516) 488–1200 FAX No. ►					
If the organization does not have an office or place of business in the United States, check this box					
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the second content is the second content of the second content in the second content is the second content of the second content in the second content is the second content of the second content in the second content is the second content in the second content	is is fo	or the whole group, check this			
box ▶ . If it is for part of the group, check this box ▶ . and attach a list with the names and EINs of all	memb	pers the extension is for.			
4 I request an additional 3-month extension of time untilJANUARY 15, 2009.					
5 For calendar year, or other tax year beginning MAR 1, 2007, and ending _	For calendar year, or other tax year beginning MAR 1, 2007, and ending FEB 29, 2008				
6 If this tax year is for less than 12 months, check reason: Initial return		Change in accounting period			
7 State in detail why you need the extension					
INFORMATION NECESSARY TO PREPARE A COMPLETE AND ACCURA	ATE	RETURN IS			
NOT YET AVAILABLE		1			
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
nonrefundable credits See instructions.	8a	\$ 0.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated					
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
previously with Form 8868.		\$ 0.			
c Balance Due. Subtract line 8b from line 8a. include your payment with this form, or, if required, deposit					
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ 0.			
Signature and Verification Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the it is true, correct, and complete, and that I am authorized to prepare this form	e best o	of my knowledge and belief,			
Signature Title	Date	>			
		Form 8868 (Rev 4-2008)			